



RECEIVED:

**CITY OF MARLBOROUGH
DEPARTMENT OF COMMUNITY DEVELOPMENT
NEIGHBORHOOD IMPROVEMENT PROGRAM
Owner-Occupant Application**

Applicant's Name _____

Address _____

Number of Units _____ Daytime Phone _____ Home Phone _____

Please provide the information below for every person you consider to be part of your household, including young children, other relatives who live with you, etc. Do not include any child or other person who does not live in your house. If your children are not of working age, simply list their names, ages, and Social Security numbers. Attach a separate sheet if you need more room.

Name	Age	Social Security #	Status*	Annual Income, All Sources

**Note: IF YOU CHOOSE, you may use this space to identify any member of your household as disabled or a minority. You are not required to provide this information, and it will not affect the evaluation of your application.*

Please provide the following information for any person in your household who has been employed within the past 12 months.

Name	Annual Base Salary	Employer Address	Employer Phone

Please provide the following information for any person in your household who has received income from sources other than wages or salary within the past 12 months:

Name	Retirement Income	Pension Income	Veterans Benefits	Other(Specify)

The Housing Rehabilitation Program is designed to provide assistance to families who meet certain income guidelines. In the next section, please provide information about your total household income. We need information about your family's assets in order to determine your eligibility. you will be asked to provide copies of your most recent tax returns for verification of this information.

Type of Income	Total Annual Value	Notes
Wages and Tips	\$	
Dividends	\$	
Interest Income	\$	
Rental Income (Gross)	\$	
Unemployment	\$	
Public Assistance (welfare, AFDC, etc.- please specify source)	\$	
Other Sources of income	\$	
TOTAL HOUSEHOLD INCOME	\$	

Please provide the following information about your household assets. Failure to disclose assets in this section will result in disqualification.

Type of Asset	Total Value	Notes
Checking Account(please write name of bank in "notes" column)	\$	
Other Checking Account	\$	
Savings Account(please write name of bank in "notes" column)	\$	
Other Savings Account	\$	
Stocks and Bonds	\$	
U.S. Savings Bonds	\$	

Type of Asset	Total Value	Notes
Real Estate(please write address in "notes" column)		
Other Real Estate		
Other Assets (explain)		

In the section below, please list all household liabilities, including any debt or credit card owned by any member of your household.

Liability	Monthly Payment	Unpaid Balance	Account Number	Lender or Bank
Mortgage	\$	\$		
Second Mortgage	\$	\$		
Note:	\$	\$		
Note:	\$	\$		
Car Loan	\$	\$		
Car Loan	\$	\$		
Credit Card	\$	\$		
Credit Card	\$	\$		
Credit Card	\$	\$		
Credit Card	\$	\$		

In the following section, please provide information about your property expenses.

Expense	Monthly Cost		Expense	Monthly Cost
Mortgage	\$		Water/Sewer	\$
Secured Property Debts	\$		Other utilities(oil, electric, Etc.	\$
Property Taxes	\$		Other	\$
Property Insurance	\$		TOTAL PROPERTY EXPENSES	\$

Have you ever claimed bankruptcy? ____ Yes ____ No

If yes, when _____ Has it been discharged? When _____

Have you re-established credit since claiming bankruptcy? ____ Yes ____ No

If yes, please list creditors and loan/credit card information.

If your home contains more than one dwelling unit, please fill out the rental occupancy section below. If a unit is vacant, write "vacant" in the column labeled "Tenant's Name".

Unit Number	Tenant Name	Number of Occupants	Monthly Rent
			\$
			\$
			\$
			\$

This housing rehabilitation program is designed to repair violations of the state's health and building codes, weatherize your property, or make the property handicapped-accessible. Prior to the commencement of any housing rehabilitation project, the program's rehab specialist will visit the property and prepare an evaluation of the property's needs. The rehab specialist will then work with you to prepare bid specifications. Your property will also be evaluated by a representative of the city's Historical Commission to determine whether the property is historically significant. The proposed work cannot detract from significant details of significant properties.

Please place a check mark next to each repair you feel is needed

EXTERIOR

- ☐ Steps, stairs
- ☐ Porches
- ☐ Doors
- ☐ Roof
- ☐ Gutters/Drains
- ☐ Foundation
- ☐ Chimneys
- ☐ Siding/clapboards
- ☐ Paint
- ☐ Masonry

INTERIOR

- ☐ Hallways
- ☐ Ceilings
- ☐ Walls
- ☐ Windows
- ☐ Doors
- ☐ Electrical
- ☐ Lead Paint Abatement
- ☐ Heating
- ☐ Plumbing

Briefly describe any other work you would like to accomplish with a housing rehabilitation loan.

If there is any additional information you would like to be considered in the evaluation of this application, please write it below.

The City of Marlborough does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. This application form is available on tape for the hearing impaired, in large type version for the visually impaired. Contact the Community Development Department at 460-3715 for more information.

SIGNATURES AND CERTIFICATIONS

This page must include your signature, and the signatures of all members of your household. Your signature certifies:

- * That all information contained in this application and attachments is true and complete to the best of your knowledge.
- * That no resident of the city of Marlborough shall be displaced as a result of financial assistance for rehabilitation.
- * That rent levels for presently vacant residential units shall not exceed the appropriate fair rent schedule as established by the state Department of Housing and Community Development and/or federal Department of Housing and Urban Development; and that rent increases for presently occupied residential units will not exceed the area fair market rents schedule adjustment rate from the date on the application and throughout the life of the Program Agreement, if this project is approved for funding.
- * That you will not refuse to rent to tenants holding Section 8 or similar housing certificates or vouchers, except for good cause, during the life of the Program Agreement.
- * That you authorize the city of Marlborough Department of Community Development to verify all information provided herein, and authorize said agency to investigate your credit ratings and records.
- * That you understand that personal and financial information on file with the city of Marlborough Department of Community Development is kept confidential to the extent allowed by law.

Homeowner Signature_____

Social Security Number_____ Date_____

Witness_____ Date_____

Homeowner Signature_____

Social Security Number_____ Date_____

Witness_____ Date_____

Wage Earner Signature_____

Social Security Number_____ Date_____

Wage Earner Signature_____

Social Security Number_____ Date_____

Please attach the following documents:

- _ True copy of deed to property title, and/or valid purchase agreement.
- _ Complete and signed tenant profile forms for each occupied residential unit in the property to be rehabilitated.
- _ Documentation of salary, wages, annuities, benefits, welfare, child support, and all other sources of income.
- _ Verification/documentation of Homeowners Insurance.